

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 118
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial) Samuel Eskew		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 38 Log Landing Road		Transaction ID : A4DC14969A4AF478EBA3	
City Savannah	State GA	Zip Code 31411-3038	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Remote Technologies	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	Election Cycle-to-Date _____ 1250.00		
B. Full Name (Last, First, Middle Initial) John Odom		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 594 S Columbia Ave		Transaction ID : A1DB1BBD2683242B19C5	
City Rincon	State GA	Zip Code 31326-9094	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Metro Surgical	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	Election Cycle-to-Date _____ 1000.00		
C. Full Name (Last, First, Middle Initial) Chris Nicholson		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2014	
Mailing Address 24 Little Comfort Rd		Transaction ID : A1BD4D993773E4D6BACA	
City Savannah	State GA	Zip Code 31411-1455	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Optim Orthopedics	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	Election Cycle-to-Date _____ 1000.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 2250.00	
TOTAL This Period (last page this line number only).....		_____	